MEDICAL TRANSPORTATION **INFORMATION LOG**

APPENDIX C

Date:	
Base:	
MD/MICN:	
EMT-P/EMT-I_	

NO.	METTAG #	AGE	SEX	CHIEF COMPLAINT	PRIORITY	DESTINATION	AMBULANCE	TIME
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.			<u> </u>					
12.								
13. 14.								
15.								
16.								
17.								
18.								
19.								
20								
21.								
22.								
23.								
24.								
25.								

Field Form #_____ Nature _____ Location _____